Foster Family Home - Corrective Action Report

Provider ID:

4-170047

Home Name:

Absalon Velasco, CNA

Review ID:

4-170047-2

534 Kuikahi Drive

Reviewer:

David Ayling

Wailuku

HI 96793

Begin Date:

6/5/2018

End Date: 7/2/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 6/5/18. Corrective Action Report issued during home visit with all items due to CTA by 7/5/18.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(1)

Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2)

Be subject to adult protective service perpetrator checks if the individual has direct contact with a client, and

Comment:

7.1.(a)(1),(2) - Second year APS/CAN and fingerprints not done for CG #2. Due on 5/27/18.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(8)

Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current CPR and First Aid certification for CG #2. Expired on 5/14/18.

Compliance Manager

Primary Care Giver

Date

JUNE 5, 2018

Date

6/5/2018 20:52 PM

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Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name: ABSALON VELA SCO CCFFH
CCFFH Address: 534 KUIKA HI DR., WAILUKU, HI

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
71(a)(1) (2)	I OBTAIN CURRENT APSISCAN ANT FP FROM CG # 2 and PLACED IN MY CTA BINDER	614118	FPICPROJEA. EXPIDED DATE FOR ALL GAS ON MY CELLPHONE WITH
41(0)8	CURPENT CPR 9. FIRST AID CERTIFICA- TION FOR CGT 2 AND PLACED IN HY CTA BINDER BBP FIRST AID CPP	6/14/18	REMINITION SET I MONTH PENDE TO EXPIRATION.

Primary Caregiver's Signature:

Date of Signature: 7/2/18